HEALTH POLICY PROJECT / ZAMBIA

Building capacity for improved health policy, advocacy, governance, and finance

Partnership in Action: The Saving Mothers, Giving Life (SMGL) Approach in Zambia

The SMGL partnership was initiated to decrease maternal deaths by 50 percent in pilot districts.

The approach was driven by committed partnerships among donors, private sectors, and civil societies. Strong government ownership and leadership were the foundation of the collaboration.

HPP was instrumental in shaping policy and programming based on analytic data and evidence.

Implementation of the pilot program led to a 35 percent increase in deliveries taking place in a health facility and a 100 percent increase in facilities offering BEmONC (basic emergency obstetric and newborn care) services.

Source: Saving Mothers, Giving Life. 2013. *Making Pregnancy and Childbirth Safer in Uganda and Zambia: Annual Report 2013.*

Overview

Maternal, neonatal, and child health (MNCH) services have markedly improved in Zambia as a result of the government's steadfast commitment to expanding access to basic services and strengthening health systems. However, the health system continues to suffer from a lack of data and accountability and financial and human resource constraints. Access to skilled care during delivery has been steadily increasing, but many women still do not receive comprehensive, high-quality maternal and neonatal care due to poor standards of care in health facilities, financial barriers, gender inequity, and lack of decision-making authority on household finances.

In line with USAID's goal of **ending preventable child and maternal deaths**, the Health Policy Project (HPP) assisted the government of the Republic of Zambia (GRZ) with generating an evidence base for MNCH and developing capacity to strengthen health systems. The project

- Generated data on the costs and impacts of maternal health interventions, allowing the GRZ to make more strategic, evidence-based decisions about how to best allocate limited resources for maximum impact and accountability.
- Provided mentorship and advanced training in data use for decision making—specifically to build the capacity of planners and staff within the Ministry of Community Development, Mother and Child Health (MCDMCH) and the Ministry of Health to use modeling tools—such as the Lives Saved Tool (LiST) and OneHealth Tool (OHT)—and to plan for the scale-up of best practices identified in the Saving Mothers, Giving Life (SMGL) pilot activity.

Evidence Generated to Inform Scale-Up

HPP generated a new evidence base to help identify priority, high-impact MNCH interventions in Zambia. The project analyzed expenditures to examine the magnitude and composition of resource allocation and spending on maternal health services. The analysis directly informed subsequent planning and budgeting for the scale-up and expansion of SMGL program intervention packages to additional districts in phase two of the pilot.

Capacity Strengthened for Sustainability

As part of the SMGL partnership, HPP developed the capacity of the MCDMCH and Ministry of Health to use OHT and LiST to model program scale-up and resource needs.

HPP supplemented its training with continuous mentorship support through collaborative, hands-on data collection and costing using OneHealth. These efforts will help ensure sustainability by building the competency of senior

"Surviving childbirth and growing up healthy should not be a matter of luck or where you live or how much money you have; it should be a fact for every woman everywhere… , and we can make this happen."

—Hillary Rodham Clinton, former U.S. Secretary of State

Photo by UNICEF Zambia

Select Publications

Advanced OneHealth Tool Workshop Report: Ndola, Zambia, September 29–October 6, 2014

Lives Saved Tool (LiST) Training Report: Kabwe, Zambia, April 23–24, 2015

Cost and Impact of Scaling Up Maternal, Neonatal, and Child Health Interventions in Zambia: Beyond 2015

MCDMCH staff who will support subnational- and district-level staff in using OneHealth for evidence-based planning and decision making.

Impact Assessed to Identify Priority Investments

The model trainings equipped ministry staff with basic skills in costing MNCH interventions and analyzing the cost components, resource needs, and impacts of program scale-up.

To complement this work, HPP undertook a detailed impact analysis and costing study of MNCH interventions based on the GRZ's Maternal and Neonatal Health Roadmap (2012–2016). The results will help the government, donors, and partners to prioritize investments in the scale-up of high-impact interventions for ending preventable maternal, neonatal, and child deaths beyond 2015.

The Way Forward

The OHT and LiST training workshops revealed a significant interest in and opportunity to further develop the capacity of MCDMCH staff and planners. Those trained should be supported to use their skills in day-to-day program implementation and policy decision making; and partnerships should be strengthened among ministries, donors, and implementing partners to further build capacity in a sustainable manner.

Continued mentorship, hands-on engagement, and capacity development initiatives are crucial to sustain the gains made thus far and nurture ownership.

[1] SMGL is a five-year initiative that uses a public-private partnership model to dramatically reduce maternal and newborn mortality in sub-Saharan Africa. The first phase of the initiative was implemented in four districts of Zambia in 2012 (Mansa, Kalomo, Lundazi, and Nyimba) and was later expanded to 12 new districts in 2014.

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The Health Policy Project is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-10-00067, beginning September 30, 2010. HPP is implemented by Futures Group, in collaboration with Plan International USA, Avenir Health (formerly Futures Institute), Partners in Population and Development, Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), RTI International, and the White Ribbon Alliance for Safe Motherhood (WRA).

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